

Case Number:	CM14-0045597		
Date Assigned:	07/02/2014	Date of Injury:	02/02/2013
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old female who has submitted a claim for right elbow lateral epicondylitis, and left wrist dorsal ganglion cyst associated with an industrial injury date of February 2, 2013. Medical records from 2013-2014 were reviewed. The patient complained of continued right elbow pain, rated 2-3 in severity. Physical examination showed tenderness at the right lateral epicondyle on flexion and extension. There was normal range of motion of the elbow. There was positive orthopedic testing for lateral epicondylitis. MRI of the right elbow dated September 3, 2013 was unremarkable with no evidence of internal derangement. Treatment to date has included medications, acupuncture, home exercise program, activity modification, and right elbow injection. Utilization review, dated March 21, 2014, denied the request for 5 high and/or low energy extracorporeal shockwave treatment for the right elbow. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Five high and/or low energy extracorporeal shockwave treatment for the right elbow:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter, ESWT.

Decision rationale: The California Medical Treatment Utilization Section (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that extracorporeal shock wave therapy (ESWT) is not recommended for lateral epicondylitis. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. In this case, the patient complains of right elbow pain, with MRI that was unremarkable and with no evidence of internal derangement. Guidelines do not support the use of ESWT for lateral epicondylitis. Therefore, the request for five high and/or low energy extracorporeal shockwave treatment for the right elbow is not medically necessary or appropriate.